



## INTENT TO WITHDRAW STUDENT

*Please complete this form, including signatures, and return it to Voyage Academy Administration to request the transfer of student records and enrollment to a District or Charter School.*

**Parent/Guardian Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Student's Full Name	Birthdate	Current Grade

**Last Day Attending Voyage Academy** (MM/DD/YYYY) \_\_\_\_\_

**Reason for transferring**  RELOCATING  STUDENTS BEST INTEREST  OTHER: \_\_\_\_\_

**Transferring to District School/Charter School:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you choose to unenroll your student from our school, then change your mind, you will have to re-enroll your child through the lottery with Voyage Academy, and we cannot guarantee reentry into the school regardless of the situation.

**For Office Use Only:**  
 Lunch: \_\_\_\_\_ Library: \_\_\_\_\_ Teacher: \_\_\_\_\_ Art: \_\_\_\_\_  
 Form Completed By: \_\_\_\_\_ Date: \_\_\_\_\_